

AUTHORITY: R 390.1135 and R 380.206
of the Michigan Administrative Rules.
COMPLETION: REQUIRED. (Certificate
will not be issued if form is not filed.)

APPLICATION FOR ADVANCED CERTIFICATE RENEWAL

(This form is NOT for provisional certificate renewal or initial professional education certification.)

Indicate below the type of certificate you wish to renew:

☐ Professional Education Certificate ☐ Occupational Education Certificate ☐ School Psychologist Certificate ☐ School Counselor License

GENERAL INFORMATION:

This application is for school personnel who wish to renew one of the advanced certificates listed above. The renewal of the advanced certificate requires completion of 6 semester hours of credit at any four-year or community college listed in the Directory of Michigan Institutions of Higher Education, or 18 State Board Continuing Education Units (SB-CEUs). Also, a combination of semester credit hours and SB-CEUs is acceptable (3 SB-CEUs are equivalent to 1 semester hour of credit). Semester credit hours completed at approved out-of-state institutions are also acceptable. Credits earned should be relevant to your professional growth as it relates to your current position. **Semester credit hours or SB-CEUs must have been completed within the five-year period preceding the date of application and after the date of issuance of the previous certificate.**

Credit earned through correspondence is not acceptable. Academic credit earned from an approved higher education institution via a distance learning program, which employs telecommunications, interactive learning, and/or group discussion is acceptable. Proof of academic or SB-CEU credit earned for certificate renewal must be retained by the applicant in the case of audit. **DO NOT SUBMIT TRANSCRIPTS WITH THIS APPLICATION.**

The application form for certificate renewal may be submitted to the Michigan Department of Education at the address above **beginning January 1st of the year the certificate will expire.**

INSTRUCTIONS:

- Do not apply unless your certificate has expired, or it will expire on June 30th of the current calendar year.
- Do not apply until all renewal requirements are completed.
- Complete Sections 1-6. **PLEASE PRINT OR TYPE.**
- Enclose a photocopy of the front side of the certificate you want to have renewed.
- After your application is processed, you will be billed \$125.00. **DO NOT MAKE PAYMENT UNTIL YOU RECEIVE THE FEE REMITTANCE STATEMENT. DO NOT SEND PAYMENT WITH THE APPLICATION FORM.**

● **PLEASE ALLOW FOUR (4) WEEKS FOR PROCESSING.**

1. APPLICANT INFORMATION (Please print or type)

SOCIAL SECURITY NUMBER	NAME (Last, First, Middle Initial)	MAIDEN NAME (if applicable)	
STREET ADDRESS (Home)		CITY/STATE	ZIP CODE
DATE OF BIRTH (mm/dd/yyyy)	E-MAIL ADDRESS (Optional)	TELEPHONE – AREA CODE/NO./EXT.	

2. COMPLETE THIS SECTION ONLY IF YOU ARE USING SB-CEUs (OR A COMBINATION OF SB-CEUs AND SEMESTER CREDIT HOURS) TO RENEW YOUR CERTIFICATE. PROCEED TO SECTION 3 IF YOU ARE USING ONLY SEMESTER CREDIT HOURS EARNED AT A COLLEGE OR UNIVERSITY TO RENEW YOUR CERTIFICATE.

In the spaces below, please provide **complete** information on the SB-CEUs earned for the certificate renewal. This page may be duplicated if needed. PLEASE PRINT OR TYPE.

[illegible]

3. In the spaces below, please provide **complete** information on the semester credit hours earned for the certificate renewal. PLEASE PRINT OR TYPE.

NUMBER AND TITLE OF COURSE	NO. OF SEMESTER CREDIT HOURS	COLLEGE/UNIVERSITY (and address if out-of-state)	MONTH/DAY/YEAR OF COMPLETION
Total No. of Semester Credit Hours Earned:			

4. Evaluation of SB-CEUs and semester credit hours for Professional Education/Occupational Education/School Psychologist Certificate or School Counselor License renewal. **NOTE: If a combination of SB-CEUs and semester credit hours are reported, use the table below to calculate the number of SB-CEUs and semester credit hours required for certificate renewal.**

NO. OF SEMESTER HOUR CREDITS COMPLETED

BALANCE NEEDED IN SB-CEUs

6 hrs.

0 SB-CEUs

5

3

4

6

3

9

2

12

1

15

0

18

TOTAL NUMBER OF SEMESTER CREDIT HOURS EARNED: _____

TOTAL NUMBER OF SB-CEUs EARNED: _____

5. Response to this section is **mandatory**. **YOUR APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED.** (If you answer "Yes" to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents, if applicable.)

Have you ever been convicted of (or pleaded no contest to) a misdemeanor or felony? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had a teaching/school counselor/school psychologist certificate suspended or revoked? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there currently action pending against your teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever surrendered a teaching/school counselor/school psychologist certificate? (check one)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. APPLICANT'S SIGNATURE _____ DATE _____

-DO NOT WRITE BELOW THIS LINE-

SIGNATURE OF EVALUATOR

DATE